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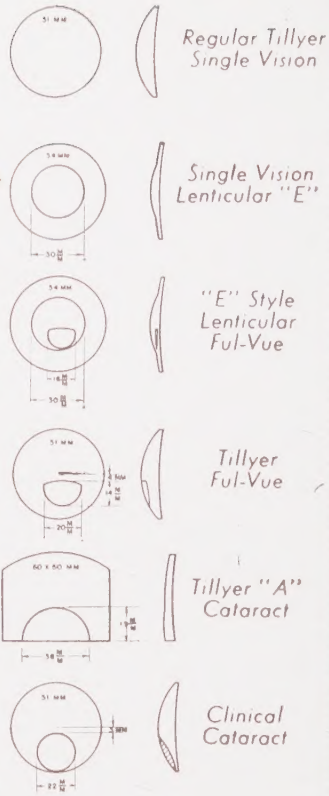

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Optometry in the Health Bills

It is against the policy of the FLORIDA OPTOMETRIST to re-print articles appearing in other journals. But, the present interest in the national health bill makes a change in policy necessary.—Editor.

THE bills to provide a national health insurance and public health program, as recently introduced in Congress, stipulate optometric participation. None of the early bills included optometrists by name.

The Wagner-Murray-Dingell Bill of 1945 and its predecessors spoke of "laboratory benefits" and defined the term to include chemical, bacteriological, pathological, diagnostic and therapeutic X-ray, and related laboratory services, refractions, and other ophthalmic services furnished by a legally qualified practitioner other than a physician, physiotherapy, special appliances prescribed by a physician, and eyeglasses prescribed by a physician or other legally qualified practitioner.

The present bill in the Senate, S.5, a reintroduction of the Wagner-Murray-Pepper-Chavez-Taylor-McGrath Bill of 1947, includes the services of optometrists and the prescribing of eyeglasses under "Auxiliary Services." So do the companion measures in the House, H.R. 783 and H.R. 345. It is stipulated that "Any person . . . who is qualified under State standards or requirements to furnish a class of services included as auxiliary services . . . shall be deemed qualified to furnish such class of auxiliary services in that State as benefits under this title."

Provision is made for the formation of professional committees in each health-service area to cooperate with the local administrative officers. The following can be taken as an anti-discrimination clause:

"No agreement . . . shall confer upon any individual or other person, or any group or other organization, the right of furnishing or providing personal health services as benefits to the exclusion in whole or in part of other individuals, persons, groups, or organizations qualified to furnish or provide such services."

From Optical Journal-Review, February 15, 1949

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CONVENTION PLANS FOR FOA

The 1949 Florida Optometric Association Convention will be held at the Robert Richter Hotel, Miami Beach, Florida, beginning Sunday, May 29th, and will end sometime on Tuesday, May 31st. Originally, the meet was planned for two days, but as a result of the increased educational program it was necessary to add the additional day.

The Committee has received acknowledgement of the invitation extended to Dr. Thaddeus Murroughs as main educational speaker. The invitation was extended as a result of the overwhelming demand following his lectures at the recent Mid-Winter Congress.

Roy Marks of the Univis Lens Company is scheduled to appear as a speaker on the practical aspects of prescribing and fitting Telescopic lenses.

Unlike former years, the first business session will be combined with a luncheon meeting on Sunday, May 29th, at noon. It is expected that the main formalities of opening the three day meet will be covered at that time.

The luncheon will be followed with several educational sessions and concluded with a business meeting. It is expected that the Ophthalmic Laboratories will once again have their Buffet Cocktail Party on Sunday evening.

On Monday following a morning of educational speakers and a business session a combined luncheon will again be held. The Florida Chapter of the American Academy plans on presenting Dr. Eugene Freeman, Dean of the Chicago College of Optometry, as the luncheon speaker.

The afternoon will bring further educational sessions and the final business session. The Annual Banquet will be held that evening.

On Tuesday, the entire day will be devoted to educational sessions only.

The Robert Richter Hotel is located on the ocean front and has many unusual facilities, a private beach, swimming pool, and several meeting rooms, some of which are air-conditioned.

(Continued on Page 12)

Attention New Licensees

The FLORIDA OPTOMETRIST wishes to remind all newly licensed Optometrists in the State of Florida that they are entitled to one year's membership in the State Association without payment of dues necessary. New Optometrists may apply to the Secretary, Dr. John Keene, at 130 N. Orange, Orlando, Florida. The payment of the National dues is compulsory.

In addition, a newly licensed practitioner may apply to the Optometric Extension Program for one year's subscription, without charge.

A Last Comment— Midwinter Congress

It is interesting to note that several hundred inches of space have been credited to Optometry in the national newspapers as a result of the recent Mid-winter Congress of Optometry held in Tampa. The outstanding article is about the divergent strabismic who drove a bus.

We will leave it to Dr. Murroughs to tell you about it during the coming state convention.

Legislative Committee Meets in Tampa

During the latter part of January a special meeting was held by the Florida Optometric Association Committee on Legislation with the representatives of the state optician's group. During the meeting held in Tampa, the committee headed by Dr. Tom Moore, reported that many agreeable changes were made in the proposed optician's bill to be presented to the 1949 State Legislature.

The opticians were represented by Mr. St. John of Tampa and an attorney for the group.

State Board Examination Set For June 13, 1949

Following the recent meeting of the Florida State Board of Optometry in Tampa, the announcement was made that the next State Board Examination would be given in Jacksonville, Florida. A committee of State Board members including Dr. R. R. Bradford and Dr. G. T. Newberry, was appointed by State Board President, Dr. H. C. Bumpous to arrange for the examination beginning June 13th, 1949.

In order to examine properly the expected number of candidates, it is reported that two complete examining units will be set up in the hotel chosen for the practical examination.

Occupational Vision Program in Florida

By LEONARD GLICKSTEIN, O.D.
Occupational Vision
FOA, Committee Chairman

To most Florida optometrists, the clamor for industrial vision programs in the past few years, has been but a distant noise about which we were not concerned. We did not consider our state to be an industrialized area except for a few locales. This attitude would be excusable if "industrial vision" applied only to vast steel mills, large factories and heavily populated towns. Because the programs for industrial eye care encompass a much greater scope, the Committee on Industrial Vision of the American Optometric Association has changed its title to the Committee on Occupational vision. This simple change in nomenclature makes it apparent that a broader viewpoint on the problems of the white collar worker, the school child, and the multiple employes of service businesses merit our concern as much as does the mill hand. Occupation can be defined as that activity or group of activities, in which an individual is engaged for the purpose of livelihood or achievement. It therefore can be readily seen that an Occupational Vision Program is as important to the optometrists of Florida as it is to those in any other state. And let us not lose sight of the fact that portions of Florida have become and are becoming more populated and "industrialized" and that we are part of one of the fastest growing areas in these United States.

In every community in Florida in which there is a practicing optometrist, there is also the need or the potential need for an Occupational Vision Program. To sight a few examples—Is there a Florida Power and Light plant in your town? Does it check its employes vision periodically? Is there a bus company in your town? Could it reduce accidents by screening out deficient vision? Is there a packing house, cab company, telephone office, high school, college, large hotel, boat yard, dairy farm, milk plant, bakery, baseball team, machine shop, and etc., in your community in which people are in need of your professional services but must be shown that they need them? The question that arises in our minds in wanting to cooperate with groups needing our services is simply—"how do we get in." What we will do after we are "in" is of course important but this becomes a secondary problem assuming we are capable of doing the work that our training and experience has taught us. "The most effective medium through which any individual optometrist can offer his services with truly professional grace is through his local, state and national organizations. Cognizance of these groups is growing steadily because of activities of the A.O.A., the assistance of outside interested groups, and the scientific advancement of optometry. The means of obtaining such concerted action is not too difficult. Firstly, there must be group agreement that such action is desirable. With unanimity on this point, local management-optometric society functions, and interprofessional activities can be planned."

Here the need for active local groups in our state is a must. Here we can see that a public relations program is mandatory to the carrying out of the work handed down to us by the A.O.A. "If the foregoing is conducted as would be expected, there is little doubt that optometric professional services will be turned to as the need arises. Perhaps panels will be established or individual optometrists will be invited by the local manufacturing, business, and school organizations to aid in solving through optometric services, the problems of occupational seeing demands. This reverses the earlier process of individually soliciting industry directly. In some instances the latter method has met with signal success from every point of view, and perhaps the personal approach may be indicated still in some instances. In most cases it is the poorer method, and may serve only to identify all optometrists with the unsuccessful optometrists or with solocitors whose techniques are disapproved. Clearly the way is open, and it is simply for optometrists to realize that organized optometry can serve them well."

The key to any program in our state is the local association and the conscientious work of the men active therein. Thus to carry out a plan of action in the field of occupational vision we must be willing to work hard and together and set up specific action committees on the local level. Each of our communities presents unique opportunities and special problems that must be worked out therein.

Get your local committee going now, write A.O.A. Committee for full details or send your requests to me and I will see that you get all necessary materials. Let's go to work! Send me your name of committee chairman.

SERVICE OPTOMETRY

CHARLES C. DUNN, O.D.
1st Lt., Medical Service Corps

Following is a talk as presented to the Midwinter Congress of Optometry in Tampa, Florida, on Sunday, January 23, 1949:

Mr. Chairman, guests, and fellow optometrists: It gives me great pleasure to bring to this meeting some news of military optometry. As I present this message may I ask of each of you to bear in mind that I am talking to you primarily as a fellow optometrist, speaking from nine months' experience as the first commissioned optometrist on duty with the U. S. Air Force, with duty at the Station Hospital, MacDill Air Force Base, Tampa, Fla.

I harbor no ulterior motives in presenting this talk, but rather desire to present to you my unbiased picture of military optometry from the viewpoint of a newly licensed graduate.

Internship

Again I would like to reiterate a plea that was presented to the Hillsboro Association last fall, and later outlined in article published by your fine state journal, The Florida Optometrist, entitled "Optometry's Path", appearing in the Nov.-Dec. issue. I shall not go into detail concerning this subject at this time, but may I urge each of you that have not read the article to do so and give the matter some serious thought for the import of its content.

Briefly the scope of the article deals with the motivation of interest among every optometric group in this state, or any and all states, for the instigation of resolutions in each association to be forwarded thru higher associations for the establishment of an internship program for young graduates in optometry within military establishments.

Believe me, there is an urgent and definite need for optometry in the armed services, and while the utilization of optometrists may be progressing at a snail's pace, even a snail may be accelerated, providing the proper stimulus is applied. I beg each of you to unite in the summation of necessary stimuli to effect a sound, workable, and equitable Military Internship Program.

And, as soon as the program is established in military confines, let's join together and see what can be done about channeling optometrists into the ranks of Public Health Service and especially the Veterans Administration. As medical graduates are offered this opportunity, why not optometrists?

May I repeat, nowhere does there exist to the neophyte practitioner the opportunity for unlimited expression in technique of practice toward the acquisition of that cardinal attribute, confidence in one's own ability, that exsists as a member of the staff of a military hospital. Gone are the inequities that existed prior to recognition of optometrists in a commissioned status. Instead, replacing the category of the enlisted technician, full professional recognition is now accorded the optometrist, and a title established as "Optometry Officer."

Medical Service Corps Reserve

To those of you not interested in active duty as a military practitioner, I can think of no better way to bolster the numerical strength of our brand new section in the Medical Service Corps than by applying for a reserve commission through the nearest office of the Organized Officers Reserve Corps. To lend a supporting hand to the few that are willing champion optometry's cause through military servitude is a small price to pay for such a tremendous gain returned in the form of better, improved inter-professional relationship.

Opportunities Afforded by Military Practice

Can any of you think of a better way of fostering improved relations with the medical services than through the public relations achievement afforded by daily proof of the optometrist's ability while working side by side, co-equally, with a military medical staff? Is there a more rapid path of progress to the full professional status so greatly needed by a retrogressive minority group in optometry? than through the opportunity afforded by a plan that permits full scope of professional activity without the sacrifice of income? Is there a better method of elevating our profession from a mere section of the Medical Service Corps to a separate corps such as that enjoyed in the Medical Department by the Dental Corps, Veterinary Corps, Nurse Corps, than by increasing our numerical strength in the armed services to the extent that full realization of our value to the armed services is recognized and appreciated for both the actual and potential service we are competently trained to render?

How many practicing optometrists have time to earnestly engage in research work; how many optometric research centers are existent in America today? Relieved of the insecurity of maintaining a livable income in a world of fluctuating values,

(Continued on Page 8)

MIDWINTER CONGRESS SPEAKERS: Left to right, Dr. A. M. Skeffington, Dr. Thaddeus D. Murroughs, Dr. D. B. Harmon, and Lt. Charles Dunn.

MIDWINTER CONGRESS SUCCESS

Over one hundred members of the Optometric profession, laboratory representatives and industrial representatives attended the three day Midwinter Congress of Optometry in Tampa, Florida. The first session of the Congress convened in the Floridan Hotel on Sunday, January 23, 1949, with a word of welcome by Dr. Leonard Haskin, president of the Florida Optometric Association.

Without delay, Dr. S. B. Schumacher, Vice-President of the Florida Optometric Association and Chairman of the State Educational Committee, presented Dr. A. M. Skeffington, of the Graduate Clinic Foundation. Dr. Skeffington presented several "Postulates of Developmental Optometry."

Dr. Thaddeus Murroughs was the second speaker of the educational feature. In presenting his recent developments in correction of strabismus he explained the "Scientific Method in Optometry." Dr. Murroughs correlated the research in the development of the correction of strabismus with research factors in the biological fields. In the final two days of the program, he developed the program further by presenting "Experiments with strabismic seeing," "testing the strabismic" and the "correction of the strabismic."

Dr. Darrel B. Harmon, recent addition to the Optometric lecturing field, presented "Visual problems of school children" and "Light on growing children."

On Sunday evening, January 23rd, Dr. Charles McQuarrie of California, was toastmaster at the Fellowship Dinner. The dinner was followed by

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Dr. Otis Wolfe Addresses SFOA Clinic Group

Dr. Otis R. Wolfe of Marshalltown, Iowa, was the guest speaker at the regular monthly special clinic session of the Southeast Florida Optometric Association. Dr. Wolfe was invited to attend the gathering by many of his SFOA friends. The meeting was held in Miami, Florida, on February 23, 1949.

Juvenile Cataracts have received a great deal of attention in the last few years at the Wolfe Clinic. Dr. Wolfe stressed the importance of not neglecting traumatic cataracts in juveniles, especially. Since surgery is eventually necessary, it was his opinion that it should be done as early as possible to have the cataract eye as "insurance" in later life.

Dr. Wolfe explained his new technique in the removal of cataracts and also stated that in 382 cases the results were found to be ninety-eight per cent plus—successful in the removal of juvenile cataracts. About five years ago his office sent out a questionnaire to several prominent surgeons regarding the needling method and the results obtained. The tabulation of the response showed that approximately fifty per cent were successful. The Wolfe Clinic had also found that glaucoma resulted in occasional cases of needling due to excessive trauma.

In response to a number of questions from SFOA members present, Dr. Wolfe advised that it was no longer necessary to wait until a cataract was ripe to perform surgery. Quite often the delay will result in the loss of opportunity due to further physical complications that might arise, such as heart or kidney condition which might render the patient unable to endure surgery.

Several cases where contact lenses were fitted following cataract surgery proved so successful that in three cases the patients were brought before the eye section of the College of Surgeons in Chicago last year to demonstrate the results. Dr. Wolfe advised the SFOA group that a patient may be fitted with contact lenses three to six months following cataract surgery by the new suction method.

Another recent development in cataract and glaucoma conditions was the combining of the operations. But, this was only done after advising the patient or family of the great complications.

Regarding glaucoma, Dr. Wolfe advised that that field charting was still the best way to determine its presence. The taking of tension was secondary. Dr. Wolfe demonstrated his new tonometer for scleral tension. But, he was emphatic that the instrument was still being studied as a research project and was not to be accepted for some time.

Dr. Widdersheim Elected President of Southeast Group

Dr. Jack M. Widdersheim of Coral Gables was unanimously elected president of the Southeast Florida Optometric Association on Monday evening, February 7th.

Active in the SFOA since its organization two years ago, Dr. Widdersheim has served as vice-president of the group and as a member of the boar dof directors. A member of the American Optometric Association and Florida Optometric Association, he is chairman of the committees of veterans affairs and visual problems of school children in the state organization. A graduate of the Southern College of Optometry in 1940, he has been practicing in Coral Gables since 1946.

During the war, Dr. Widdersheim saw service in the South Pacific as an air force pilot. He was commanding officer of a rescue squadron credited with saving more than 30 men. He is a member of the Medical Service Corps Reserve.

Dr. Widdersheim is a member of the Lions Club, the Coral Gables Country Club. Junior and Senior Chambers of Commerce, American Legion and the Dade County Crime Commission.

Other new officers of the Southeast Florida Optometric Association are Dr. A. C. Wilhelm, Ft. Lauderdale, vice-president; Dr. Emanuel Pushkin, Miami, secretary, and Dr. Donald Conant, Miami, treasurer. The Board of Directors include Dr. Leonard Glickstein, Coral Gables; Dr. R. C. Garvin, Miami; Dr. Mason Pace, Miami, and Drs. S. G. Schneider and R. R. Bradford, Miami Beach

SFOA Auxiliary Presents Radio Program

The Ladies Auxiliary to the Southeast Florida Optometric Association has been presenting a series of radio programs over Radio Station WIOD, Miami. The initial program was presented on Saturday, February 9th at 12:15 p. m. The program was presented in the form of a "typical after the meeting discussion" where a member's neighbor asked the women about eye care. The program introduced Optometry, the profession, and the qualifications and training of the Optometrist. It further pointed out the signs to watch for, in children needing eye care.

The Second program presented several SFOA members in a discussion of Visual training. Subsequent programs will carry on with the need for eye care of children.

NEFOA Hears Dr. Rautman

Dr. Arthur Rautman of the University of Florida, Department of Psychology, was the guest speaker at the February meeting of the Northeast Florida Optometrist Association. The meeting was called to order by President Dr. Jack Anderson, at the Thomas Hotel, Gainesville, Florida.

Dr. Rautman spoke on "Visually handicapped school children."

Dr. John McClane of Fernandina continued his lecture on Analytical Optometry.

Those present were: Drs. Jacqueline Turner, James Fulton, S. B. Schumacher, Henry A. Sawyer, Earl S. Barrack, Seymour Marco, and Frank A. Broome, of Jacksonville; Marshall Wright, Live Oak; John J. Daly, St. Augustine; Hugh B. Jones and L. C. Coles, Gainesville; John C. Williams, Ocala, and O. C. Clark of Perry.

The next regular monthly meeting will be held in St. Augustine, Florida.

At the January meeting of the NEFOA, Mr. A. J. Ingram of the American Optical Company, spoke on "Industrial Safety and Visual Efficiency." The January meeting was held at the Seminole Hotel, Jacksonville.

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Public Health Bill Deserves Optometric Attention

Daily the interest in the so-called Public Health bill increases. Optometry must pay particular attention to the pending legislation since it does not include Optometry in its present form.

The sponsors of the bill intended that the bill be re-written before presentation to the 81st Congress, but do to pressure on the present national administration it has been re-introduced in the original form. The bill in the Senate is known as S.5 and one of the sponsors is Florida's Senator Claude D. Pepper, and the other, identical in wording is H. R. 783 introduced in the House.

The public health bill as originally introduced made no specific mention of Optometry, but as a result of AOA educational campaign, both of the bills now provide that a beneficiary (public) shall be entitled to the services of an Optometrist as an auxiliary service. This is not satisfactory! Beneficiaries of the plan would be deprived of the services of an Optometrist because auxiliary services are only available to patients upon the referrals by a medical practitioner or an administrative medical officer.

Action should be taken by Optometrists in the State to inform Senator Pepper of the position of Optometry as it is placed by the pending legislation and the patients of every Optometrist in the state should be advised of their position (the patient's) by the bill.

Following is a letter written to Senator Claude D. Pepper:

February 28, 1949

Senator Claude D. Pepper
Senate Office Building
Washington, D. C.

Dear Sir:

Statistics show that over 85% of the people in the United States in need of eye care seek the services of an Optometrist. Senate Bill, S.5, the so-called Public Health bill, if passed will not permit the average person to continue seeking the aid of an Optometrist without first seeing their physician.

Since the public health bill is intended to aid the average American, passage of the bill without including Optometric services on the same level as general medical and general dental, would be in direct conflict with the original purposes of the bill. Thus, the real sufferers would be the approximate 50,000,000 people needing eye care. The vast majority of those now go to the Optometrist for their visual needs.

In order to prevent this grave injustice, should compulsory health insurance be legalized, the Department of National Affairs of the American Optometric Association has prepared some thirty-six recommendations for the pending bills in the Senate and House. The effect of these recommendations will be to make available general Optometric services to the beneficiaries of the plan, the same as general medical and general dental services are made available.

Your consideration of this most important matter would be greatly appreciated by all.

Sincerely,
S. G. Schneider, O. D.

SGS/p
Copy to: Florida Optometrist

Service Optometry

(Continued from Page 4)

and given the opportunity to explore and report on the results of unlimited resources available at each military installation, what could the worth of such research mean to the future of optometry, and to the men actively engaged in such pursuits? How many of you in your first year of practice realize an income of over $4,000; how many of you see on the average of 200 patients per month . . . not the first year, but any year; how many of you in your first two months of practice ran the gamut of approximately every pathological condition listed in May's Diseases of the Eye; how many of you know first hand from experience the truth about cyclopegic and non-cyclopegic results; how many of you can walk into the hospital to which you referred your patient for surgical treatment and have full access to records or follow up observations; how many of you work only five eight hour days per week, with opportunity of three days each two months, and an annual paid leave of thirty days per calendar year; how many of you are willing to discard philanthropic ideals for uninhibited practice of pure professional optometry?

Practice of pure professional optometry in a military establishment is either motivated or inhibited by one, and only one, single factor: the individual's love and respect of his chosen profession!

My Relationship with the Medical Staff

To give credit where credit is due, I must state that I consider my assignment to MacDill a stroke of unusual luck. From the beginning I have been accorded full consideration, cooperation, and supervision of optometric duties. To this end I am especially indebted to the Commanding Officer and Surgeon of the Station Hospital, Colonel A. L .Jennings, M.C., who presently takes his final board to become an American Board Ophthamologist. I have enjoyed harmonious relations, without subserviency or arbitration, professionally speaking. I do not believe this condition to be the rule in all military installations but fortunate is the optometrist who can exercise full scope of practice across the hall from an ophthalmologist without concern for technique not in keeping with good optometric standards.

Associations with young medical officers, the majority of whom are in my age group, leaves nothing wanton. They refer patients freely, gladly, and unhesitantly when there is a need or indication for refraction. I have yet to meet one single medical officer, who after being permitted to observe and understand the scope of practice and remedial effect of an optometric examination, is not convinced of its thoroughness and accuracy. What greater vote of confidence could be rendered optometry than by having all refractions of medical officers, their families and dependents performed by an optometrist, when there is available, without obligation or cost, the services of a medical examiner? In the absence of, and usually preliminary to an examination by, the ophthalmologist, medical patients with history or complaint of ocular disturbances are referred to the optometrist for consultation, and the diagnosis of the optometrist made a permanent part of the patient's medical history. It is a distinct pleasure to be frequently called upon to demonstrate or instruct a fellow officer in our technic of refraction, retinoscopy and ophthalmoscopy without cyclopegia. Perhaps someday, mine shall be the privilege of introducing some of younger medical officers to a complete analytical examination by OEP standards! It is no secret or mark of ignorance on the average medical officer's part, that the average optometrist can perform a better, more accurate, analysis of a patient's visual problems in a mere ten minutes than most medical examiner's can achieve in two hours.

Military Equipment

The equipment presently in use by the military falls far short of the average optometrist's office. This is the one immediate need for correction. Already the larger, General Hospitals are receiving the latest available equipment commensurate with modern optometric standards. This is a personal prediction but I believe that the end of 1949 will see most hospitals doing any eye care equipped with the finest in ophthalmic equipment, by optometric standards. Presently, I am restricted to practice with a phorometer stand and trial case, projector chart, perimeter, tangent screen, lensometer, and trial frame fitting set. There is available and in use, a Ritter hydrauic chair. The examination room is adequately furnished and maintained in good taste. For diagnostic instruments, like most, I prefer my personal instruments, although most popular instruments are available for issue.

Daily Routine of a Military Optometrist

Upon reporting for duty at MacDill I was assigned a room and a few instruments and told to set up and conduct at my discretion the type of system I preferred. Obtaining the population of

(Continued on Next Page)

MacDill to include military, dependents and retired personnel eligible for eye care I found myself confronted with a multitude of approximately 15,000 people eligible for optometric services. To maintain an equitable distribution of eye care the following routine was established:

Refraction is by appointment only. Appointments are scheduled by a full time receptionist, on a five day schedule, eight hours per work day. A forty-five minute average is permitted for each patient.

The type of patient seen in a military hospital could well be that of any small community of comparable size. Military personnel are seen daily 8 to 12 noon and on two afternoons weekly; dependents and retired personnel are seen three afternoons per week. The military patient may range in age from sixteen to sixty years, and may be performing an occupation as typical as that found in a city of comparable size. The dependents are civilian families of the soldier and their age may range from two years for junior to one hundred for grandpa. Among the retired personnel and their families is seen that retinopathy typical of the age group 45 to 100. Particularly among the retired soldiers, an unusual study of pathology is afforded due to residuals of war in-

(Next Page, Please)

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(Continued from Page 9)

juries, senility, and cataract extractions. I refer approximately one patient per month for removal of cataracts, and upon return of patient, do the refraction for his prescription. In addition to the above, there are special military examinations such as refractions for aviation cadets, which are required to be a cyclopegic exam, for appointments to commissions (for West Point applicants, for reenlistments of enlisted personnel and the civilian personnel employed by the hospital, refraction of the few employees in the hospital being a courtesy gesture).

Daily workload of the military optometrist is governed by the initiative of the optometrist and of course the patient's problem. Duties other than optometric duties consists of performing Officer of the Day approximately every eighth day—a custom of the service—which consists of merely being available for call in the case of an emergency at the hospital, and does not require physical presence at the hospital. Frankly, there is so much to be done professionally, that there is not time for the military optometrist to be assigned other than optometric duties. My average daily workload consists of approximately ten complete examinations for glasses and an average of three examinations for flying personnel.

Glasses for military are obtained from the Medical Supply Depots which operate an optical laboratory and are furnished without cost to the soldier. For all other personnel the examination is furnished and the patient referred with the prescription to a local contract optician.

An enlisted aid is furnished the optometrist to take care of administrative details and reports.

Conclusion

Optometry today is young, although an aged era has been crowded into its infancy. Optometry has been cursed, praised, condemned, upheld by both those within and without its society; yet has emerged triumphantly from its adolescence in spite of those in conflict with its principles and ideals who would have divided its purpose and intent.

I am new to optometry—optometry is excitingly and challengingly new to me. I am humble, but proud, as a young practitioner, to be accorded the privilege and honor of joining in fellowship with each guest of the Mid-Winter Optometric Congress . And I wish to take this opportunity to offer my services to any committee, group, or association, be it local, state, or national toward the achievement of the inevitable potentialities existent within the scope of our and Optometry's future.

In closing, may I as the first commissioned optometrist on duty with the U. S. Air Force, assure each of you present here that although the monetary gain of my servitude in military optometry to date may not parallel that of the average civilian practitioner, I am nevertheless fully and perhaps overly rewarded in the sharing of an opportunity to help establish, secure, and zealously propagate my chosen profession to a permanent, and probable separate, berth in the Optometry Section of the Medical Service Corps.

CHARLES C. DUNN, O.D.,
1st Lt., Medical Service Corps

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Midwinter Congress

(Continued from Page 5)

an open forum during which time, Lt. Charles Dunn, Optometrist with the Medical Service Corps, re-presented an "Optometric Military Internship" plan. Dr. Dunn, who was the first commissioned Optometrist in the Air Force, reiterated his statement that the opinions stressed were his own. The original proposal appeared in the November-December, 1948, Florida Optometrist.

Dr. Arthur Kitchens, president of the Florida

Chapter of the American Academy, highlighted the activity of the local chapter and the American Academy of Optometry.

Those present were: Florida—Drs. A. S. Austin, L. C. Beals, F. A. Broome, K. Brown, H. C. Bumpous, C. G. Capps, G. Clapp, O. Clark, T. Cost, J. C. DuBose, W. F. Davey, W. M. Duke, C. C. Dunn, K. K. Eychaner, C. P. Ezell, H. H. Fennell, Z. Fennell, H. J. Fernandez, A. L. Frey, J. C. Fulton, W. Goldstein, F. D. Gudbar, L. Haskin, L. L. Haskin, J. Hirsch, J. L. Ingram, H. B. Jones, Jr., J. R. Keene, A. S. Kitchen, J. F. Loomis, D. L. Loomis, D. L. Lynn, J. W. McClane, Jr., C. McQuarrie, E. McQuarrie, G. L. Mandaville, L. Margolis, S. Marco, M. Miller, W. P. Murrell, J. Noland, M. Noland, C. Pharr, E. Prince, A. J. Reams, H. Rees, L. A. Roddy, S. G. Schneider, S. B. Schumacher, R. Tramontana, J. Turner, B. Q. Waddell, J. E. Widdersheim, H. Wittner, N. L. Wooten, M. Wright, S. Ziff, D. C. Babcock, A. Vance, A. S. Vance, L. Gordon, W. P. Kennedy, O. Miller, T. Moore, R. R. Bradford.

Georgia: Drs. D. Williams, N. W. Cathcart, S. Outlaw, H. J. Godin.

Tennessee: Dr. C. Harris.

South Carolina: Drs. C. M. Sanders, C. Sanders.

Laboratory Representatives: Keystone View Co., Paul Anderson and Dan Conroy; Southeastern Optical, J. E. Folline, Harvey Hunt, Harry Richey, Harvey White. American Optical, Bill Greamer, Bill Little, H. B. Nicholson; Mack Optical Co., P. J. Salkind and R. P. McKinney; National Electric, A. B. Pervis; Independent Optical, George E. Lyins; Kono Manufacturing Co., E. A. Hyer; Shuron, D. K. Garvin.

Special Guests: G. G. Eddington, Luminall Paint Co., and K. M. Eddington, Luminall Paint Co., K. M. O'Connor.

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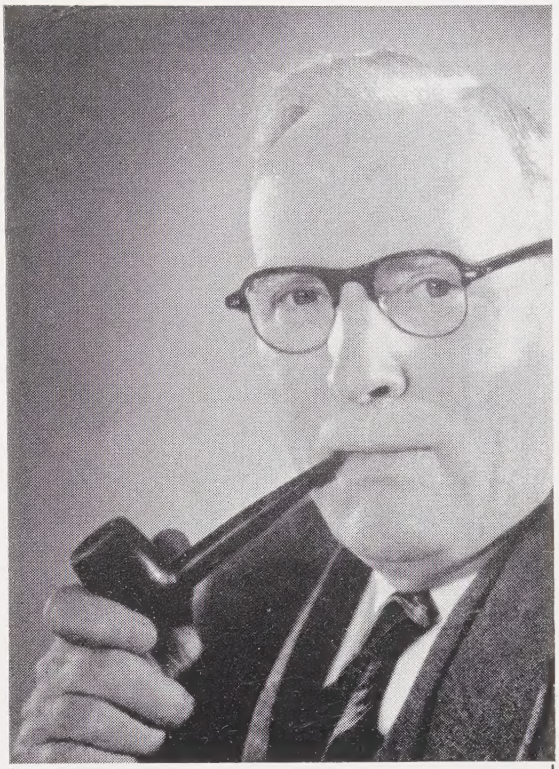

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EDITORIAL PAGE

THE Florida Optometric Association needs a working Code of Ethics. The Code adopted at the 1948 State Convention in Jacksonville, is pretty and should be framed and hung on a wall. But Florida Optometry needs a Code of Ethics explicitly stating what is in the law and WHAT IS LACKING IN THE LAW.

Several State Associations have recently been able to enact into law many parts of their working codes of ethics. The most recent, New Jersey, where advertising is limited, displays are eliminated, outside signs limited, etc. In that state, an association member was and still is expected to abide by the Code of Ethics.

For too many years, the Code of Ethics has been like a beautiful statue on a pedestal, something to be admired but also something to be disregarded when not seen.

The **Florida Optometrist** calls upon the Florida Optometric Association Committee on Ethics and Economics to present to the next State Convention a Code of Ethics based on the Optometrists relation to his patient, to his fellow practitioner and above all to himself.

ARE YOU charging a professional fee or still "selling glasses"? What difference does it make? Sales Tax! Yes, the sales tax is something more than ever to consider, although not on a state wide basis, but the probability of community taxation.

An article in the "Miami Herald" on February 10th, 1949, informed the readers that the City Council of Miami Beach was considering asking the state legislature for the right to levy a sales tax.

What position would the Optometrists take in that community. True, the American Optometric Association maintains that Optometrists as professional men charge a fee and that any materials consumed are consumed by the Optometrist. But, can you picture the difficulties involved in proving it to city officials.

Convention Plans

(Continued from Page 2)

The rates have been set at six and eight dollars for two in a room.

The Committee has announced that the Luncheon meetings will be included in the registration fee, along with the banquet.

Invitations are being extended to many of the Ophthalmic Laboratories to present exhibits.

ROE FULKERSON

Dr. Roe Fulkerson, 78, died at his home in Hollywood, Fla., on January 11th, 1949. Dr. Fulkerson was better known as an author and speaker. His widow and a daughter survive.

Dr. Fulkerson had been active in Kiwanis affairs almost from the inception 34 years ago at Detroit. He was a leader in the organization's community service.

A charter member and first president of the Kiwanis Club of Washington, D. C., Dr. Fulkerson gained national recognition several years ago as the author of a syndicated feature, entitled "Andrew and Imogene," carried by many of the country's newspapers.

When Kiwanis issued its first membership publication, The Hornet, Dr. Fulkerson was its editor. Later, the name of the magazine was changed to The Torch. Several years after the publication became known as the Kiwanis Magazine, Dr. Fulkerson relinquished the position of editor, preferring instead to devote his time to editorial writing and special features.

He was the author of two books, *My Personal Pages* and *The Convention Speeches of Roe Fulkerson.*

Dr. Fulkerson was a Thirty-third Degree Mason and past grand master of the lodge for the District of Columbia. He moved to Hollywood, Fla., in 1932, he subsequently was elected to the State Legislature, and city councilman in Hollywood.

Notes About the State

Dr. J. A. Valdes of Key West, Florida, has moved his office to the Galey Memorial Hospital. Dr. Valdes has arranged for Dr. Bascom Palmer, Miami Ophthalmologist, to care for the medical and surgical needs of the island people . . . Dr. William Watkins of Hollywood has assumed the practice of the late Dr. Roe Fulkerson . . . Dr. Tom Cost, formerly of California, has opened his office in the National Bank Building in Kissimmee . . . The Lions Club of Tampa has supplied 60 pair of glasses to needy children in Hillsborough County . . . Dr. Robert V. Landall of DeLand has assumed the practice of the late Dr. R. L. Knox. He was formerly associated with Dr. L. L. Wilson, who has moved to Jacksonville . . . In St. Petersburg of 400 cases found to be in need of eye-care, the Lions Club supplied 332 pair of glasses to indigents . . . Dr. Albert F. Reams has opened his office at 216 Arcade Building, in Melbourne.

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